

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		1				
9		2				
10		2				
11		1				
12	1					
13		1				
14		2				
15		2				
16		2				
17		1				
18		1				
19		1				
20		1				
21		2				
22		2				
23	1					
24		1				
25		2				
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46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	39					
TOTAL CLAIMS	42					

CLAIMS	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						